



4

PTO/SB/21 (08-03)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

16454

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/028,181	
	Filing Date	December 21, 2001	
	First Named Inventor	Harry PRINCE	
	Art Unit	1645	
	Examiner Name	P. Duffy	
Total Number of Pages in This Submission	7	Attorney Docket Number	524902000200

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form + duplicate for Fee Processing (2 pages) <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply (3 pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (1 page) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return postcard
Remarks Customer No. 25225		

RECEIVED
OCT 22 2003
TECH CENTER 16454

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	MORRISON & FOERSTER LLP Laurie L. Hill, Ph.D.- 51,804
Signature	
Date	October 9, 2003

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.	
Dated: 10-9-03	Signature: (Michael Boyd)



Use in lieu of PTO/SB/17 (08-03)
(Form updated to reflect FY 2004 fees effective 10/1/03)

FEE TRANSMITTAL for FY 2004 <small>Effective 10/01/2003, Patent fees are subject to annual revision.</small>				Complete if Known																																																																					
<div style="border: 1px solid black; padding: 5px;"><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</div>				Application Number		10/028,181																																																																			
				Filing Date		December 21, 2001																																																																			
				First Named Inventor		Harry PRINCE																																																																			
				Examiner Name		P. Duffy																																																																			
				Art Unit		1645																																																																			
TOTAL AMOUNT OF PAYMENT		(\$)		950.00		Attorney Docket No.		524902000200																																																																	
METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)																																																																					
<div><input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None</div> <div><input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP</div> <div>The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.</div>				3. ADDITIONAL FEES																																																																					
1. BASIC FILING FEE				<table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th colspan="2"></th><th colspan="2"></th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th><th>Fee Description</th><th></th><th>Fee Paid</th><th></th></tr></thead><tbody><tr><td>1001</td><td>770</td><td>2001</td><td>385</td><td>Utility filing fee</td><td></td><td></td><td></td></tr><tr><td>1002</td><td>340</td><td>2002</td><td>170</td><td>Design filing fee</td><td></td><td></td><td></td></tr><tr><td>1003</td><td>530</td><td>2003</td><td>265</td><td>Plant filing fee</td><td></td><td></td><td></td></tr><tr><td>1004</td><td>770</td><td>2004</td><td>385</td><td>Reissue filing fee</td><td></td><td></td><td></td></tr><tr><td>1005</td><td>160</td><td>2005</td><td>80</td><td>Provisional filing fee</td><td></td><td></td><td></td></tr><tr><td colspan="4">SUBTOTAL (1)</td><td colspan="2">(\$)</td><td colspan="2">0.00</td></tr></tbody></table>						Large Entity		Small Entity						Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description		Fee Paid		1001	770	2001	385	Utility filing fee				1002	340	2002	170	Design filing fee				1003	530	2003	265	Plant filing fee				1004	770	2004	385	Reissue filing fee				1005	160	2005	80	Provisional filing fee				SUBTOTAL (1)				(\$)		0.00	
Large Entity		Small Entity																																																																							
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description		Fee Paid																																																																			
1001	770	2001	385	Utility filing fee																																																																					
1002	340	2002	170	Design filing fee																																																																					
1003	530	2003	265	Plant filing fee																																																																					
1004	770	2004	385	Reissue filing fee																																																																					
1005	160	2005	80	Provisional filing fee																																																																					
SUBTOTAL (1)				(\$)		0.00																																																																			
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE				<table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th colspan="2"></th><th colspan="2"></th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th><th>Fee Description</th><th></th><th>Fee Paid</th><th></th></tr></thead><tbody><tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td><td></td><td></td></tr><tr><td>1201</td><td>86</td><td>2201</td><td>43</td><td>Independent claims in excess of 3</td><td></td><td></td><td></td></tr><tr><td>1203</td><td>290</td><td>2203</td><td>145</td><td>Multiple dependent claim, if not paid</td><td></td><td></td><td></td></tr><tr><td>1204</td><td>86</td><td>2204</td><td>43</td><td>** Reissue independent claims over original patent</td><td></td><td></td><td></td></tr><tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td><td></td><td></td></tr><tr><td colspan="4">SUBTOTAL (2)</td><td colspan="2">(\$)</td><td colspan="2">0.00</td></tr></tbody></table>						Large Entity		Small Entity						Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description		Fee Paid		1202	18	2202	9	Claims in excess of 20				1201	86	2201	43	Independent claims in excess of 3				1203	290	2203	145	Multiple dependent claim, if not paid				1204	86	2204	43	** Reissue independent claims over original patent				1205	18	2205	9	** Reissue claims in excess of 20 and over original patent				SUBTOTAL (2)				(\$)		0.00	
Large Entity		Small Entity																																																																							
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description		Fee Paid																																																																			
1202	18	2202	9	Claims in excess of 20																																																																					
1201	86	2201	43	Independent claims in excess of 3																																																																					
1203	290	2203	145	Multiple dependent claim, if not paid																																																																					
1204	86	2204	43	** Reissue independent claims over original patent																																																																					
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent																																																																					
SUBTOTAL (2)				(\$)		0.00																																																																			
<div>Total Claims <input type="text"/> ** = <input type="text"/> x <input type="text"/> = <input type="text"/> Independent Claims <input type="text"/> ** = <input type="text"/> x <input type="text"/> = <input type="text"/> Multiple Dependent <input type="text"/> = <input type="text"/></div> <div>SUBTOTAL (3) (\$)</div> <div><small>**or number previously paid, if greater; For Reissues, see above</small></div>				<div><table border="1" style="width:100%; border-collapse: collapse;"><tbody><tr><td colspan="2">Other fee (specify)</td><td colspan="2"></td></tr><tr><td colspan="2"><small>*Reduced by Basic Filing Fee Paid</small></td><td colspan="2">SUBTOTAL (3) (\$)</td></tr></tbody></table></div> <div>950.00</div>						Other fee (specify)				<small>*Reduced by Basic Filing Fee Paid</small>		SUBTOTAL (3) (\$)																																																									
Other fee (specify)																																																																									
<small>*Reduced by Basic Filing Fee Paid</small>		SUBTOTAL (3) (\$)																																																																							
SUBMITTED BY				(Complete if applicable)																																																																					
Name (Print/Type)		Laurie V. Hill, Ph.D.		Registration No. (Attorney/Agent)		51,804		Telephone		(858) 720-7955																																																															
Signature				Date		October 9, 2003																																																																			

RECEIVED
OCT 22 2003
TECH CENTER 1645



I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P O Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: 10-9-03

Signature: [Signature]

(Michael Boyd)

Docket No.: **524902000200**
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Harry PRINCE *et al.*

Application No.: 10/028,181

Group Art Unit: 1645

Filed: December 21, 2001

Examiner: P. Duffy

For: OXIDIZED FUNGAL ANTIGENS AND
METHODS OF MAKING AND USING
THEREOF

RESPONSE TO RESTRICTION REQUIREMENT

Commissioner for Patents
P O Box 1450
Alexandria, VA 22313-1450

Dear Sir:

This is in response to the Office Action dated June 9, 2003 for which a response was due on July 9, 2003 and for which a three month extension of time also is requested to extend the time for response from July 9, 2003 to October 9, 2003. Accordingly, this response is timely filed.

RECEIVED
OCT 22 2003
TECH CENTER 1600/2900